File with:



IA FTUICE AND

Disclosure Board			CAPIPAL	ETHICS AND	
510 E. 12 th , Ste. 1A Des Moines, lowa 50319 Fax: 515-281-4073		TIONS, SEE BACK OF FORM RESUMMARY PAGE		1120 AMII:01	
COMMITTEE NAME (Must b					
Marlin Voss fo	or Clay County:	Supervisor	FORM DR-2	DISCLOSURE	
IMPORTANT: Indicate by # type (1) Statewide/Legislative/Judge (4) County Central Committee (i Subdivision Candidate (8) Count 11) Local Ballot Issue CANDIDATE COMMITTIES Candidate Name	(Rev. 07/20	07) REPORT			
Marlin Voss			_ Computer _		
Office Sought Clay Columby S	Supervisor	District (if Senzite or House)	Audited		
Late reports are subject to poss SIGNATURE OF PERSON FI	ns	Pursuant to lowe Code sections 688.33 112-2ピコ・8ピル TELEPHONE	1/19	the candidate, for a	
AM FILING A Jan 1	2008 - Dec31	200% REPORT FOR (1) ELECTIO	N /(2)NON-ELECTIO	N YEAR.	
(report date)	Indicate by	y# <u>a</u>		
CHECK IF AMENDMENT	TO REPORT DATED		Local Committees, en	ter Date of Election	
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.			County & Local Committees, enter County in which Election is held CLAY		
STATE	MENT OF CASH ON HA	AND			
CASH ON HAND at the begin	nning of the reporting period.	(Total of all funds held by the the cash on hand at the end is first report filed.)	s!:	3.42	
ADD TOTAL MONE	Y TAKEN IN THIS PERIOD				
Schedule A: Cash	Contributions total (Attach Sc	hedule A) ("aiso see in-kind below)	E19289#E118469#		
		(1416 F)			
	7 7 7	(Attach Schedule H)			
(Schedule	H applies to Candidates' C	<u>committees Only)</u> SUB-TOTAL		13.42	
SUBTRACT TOTAL	L MONEY SPENT THIS PER				
		e B) (**also see debts and loans below	w\		
•	•	redule F)	•		
	•	i raport balance must be zero)		1342	
•	`	ichedule E) ,			
		nedule F)		2575.00	
CONSULTANT BREAKDOW		· · · · · · · · · · · · · · · · · · ·	YES	NO	
CANDIDATE COMMITTEES	,			****	
	OPERTY (From Schedule H -	Attach Schedule H)	\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

NSTRUCTIONS, SEE	BACK OF FORM		SAEDE !	CHEDULE	
TITEE NAME(Must b	same as on Statement of Organization)			F (Rev. 02/08)	LOANS
artia Voss 1	for Clay Co. Supervisor				& REPAID
		- sho			THIS BOX
: This schedule report	s money loaned to the committee which is deposited it	ii nie communee e	ROOMIL .	AMENDI	NG FORM
L UNIPAID LOANS FR	COM LAST REPORTING PERSONS		<u> </u>		
I - MONETARY LOA	NS RECEIVED <u>THIS</u> REPORTING PERIOD floan, such as a bank, must be shown if e third party k	s involved. Includ	ie loans from candid	ate's personal	funds.)
(4					
DATE	NAME AND ADDRESS OF LENDER		LATIONSHIP TO DATE (If Applicable")	AMOUNT	OFLOAN
RECEIVED (Include Ex (MM/DD/YR)	(include Endorser's Name, If Applicable)	Creton	SALIC (II Supramos)		
				\$	
·				1	
		ļ			
					
		1			
			_		
			······································		
				1	
		TOTAL	(PART I)	\$ O	
DTH WANTAGVE	OAN DEDAYMENTS MADE THIS DEDODTING DED		(PART I)	\$	
RT II - MONETARY L (Loens forgiven	ÇAN REPAYMENTS MADE THIS REPORTING PERI must be reported on Schedule E — In-kind Contributio	IOD	(PART I)	\$ <u>0</u>	:
(Loans forgiven	must be reported on Schedule E - In-kind Contributio	IOD ms.)			r repaid
RT II - MONETARY L (Loans forgiven DATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE THIS REPORTING PERI must be reported on Schedule E — In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	IOD vis.)	(PART I) LATIONSHIP TO IDATE" (If Applicable) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO	MOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER	IOD vis.)	LATIONSHIP TO) AMOUN	T REPAID
(Loans forgiven	Must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RE CAND	LATIONSHIP TO IDATE* (If Applicable	AMOUN \$	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RE CAND	ELATIONSHIP TO DATE* (If Applicable) AMOUN	
(Loans forgiven	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL C. From Schedule E —	RECAND REPAYMENTOTAL LOANS F	ELATIONSHIP TO IDATE* (If Applicable	AMOUN \$	
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) TOTAL C. From Schodule E.— TOTAL CUTSTANDING LOAR	RE CAND RECAND RECAND REPAYMENTOTAL LOANS FINS END OF REP	ELATIONSHIP TO IDATE* (If Applicable	AMOUN \$	
(Loans forgiven DATE PAID (MIN/DD/YR) Disclosure law requires	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable) TOTAL C. From Schedule E —	ASH REPAYMENTOTAL LOANS F	ELATIONSHIP TO IDATE* (If Applicable	AMOUN \$	